

STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**  
BUREAU OF SAFETY AND ENFORCEMENT  
DEALERS AND REPAIRERS DIVISION  
60 STATE STREET, WETHERSFIELD, CONNECTICUT 06161  
(860) 263-5049



**DMV USE ONLY**

<b>DATE:</b> _____	<b>LICENSE NO.:</b> _____	<b>EXP. DATE:</b> _____	<input type="checkbox"/> <b>NEW</b>	<input type="checkbox"/> <b>RENEWAL</b>
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**INSTRUCTIONS:**

1. Please print clearly.
2. The following documentation must also accompany this application: Business License Personnel List (K-26), Agent for Service Form - CT, Copy of Incorporation papers.
3. Enclose a check made payable to "DMV" for \$500.00.

NAME OF CLUB OR ASSOCIATION

LOCATION - NUMBER AND STREET SUITE

CITY OR TOWN STATE ZIP CODE AREA CODE PHONE NUMBER

MAILING ADDRESS (If different)

PRINCIPAL OFFICER OR MANAGING MEMBER

Address (Number and Street) (City or Town) (State) (Zip Code)

ADDITIONAL OWNERS, OFFICERS, MEMBERS OF AUTO CLUB (Please use additional sheet, if needed)

Address (Number and Street) (City or Town) (State) (Zip Code)

ADDITIONAL OWNERS, OFFICERS, MEMBERS OF AUTO CLUB (Please use additional sheet, if needed)

Address (Number and Street) (City or Town) (State) (Zip Code)

STATE WHERE INCORPORATED (Copy of Incorporation Paper must accompany this application)

SIGNATURE (Officer Authorized to Sign Legal Document(s) on Behalf of Auto Motor Club) DATE

X

DATE

X

WITNESS:

**APPROVED**

**DISAPPROVED**